Moda | Medicare Advantage | Summit

Understanding the CMS Guidelines for recording Medicare Advantage calls.

What needs to be recorded?

All marketing, sales, and enrollment calls. This includes recording all calls when steps are being taken on behalf of a beneficiary from becoming aware of a Medicare Advantage plan or plans when making the decision to enroll.

How do I know which calls will lead to an enrollment?

CMS rules require that all calls be recorded entirely within the chain of enrollment. This includes prospects and current clients. Calls recording is applicable to inbound and outbound calls.

Includes:

- A lead or prospect from a business card reply.
- Someone who has given permission to contact with the intent to set up a marketing appointment.
- Calling your existing clients to set up AEP appointments.

Recording applies to all virtual interactions whether there is a camera feature or not.

What if I don't want to comply with these call recording requirements?

If you do not want to comply with the requirements, then refrain from conducting marketing, sales, or enrollments over the phone or virtually.

What do I need to do to enroll over the phone?

Within the first minute of your recording, the disclaimer below must be provided.

"Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact **Medicare.gov**, **1-800-MEDICARE**, or your **local State Health Insurance Program (SHIP)** for help with plan choices.

CMS requires this disclaimer to be on your website, electronic communications (email signature), and advertisements.

What if a caller/client refuses to have the call recorded?

You can offer a face-to-face appointment and end the call.

- CMS indicates the Federal law supersedes any State Law.
- There is no opting out of recording a call.

How long do I have to store the recordings?

Call recording should be kept for ten years in a HIPAA-compliant manner.

Carriers are now required to manage audits of the oversight of Medicare certified appointed brokers.

2024 Scope of Appointment (SOA) – New Rules

When do you need a Scope of Appointment (SOA)?

When MA, MAPD or PDP plans are to be presented you will need a SOA prior to any personal/individual appointment which includes:

- A scheduled appointment
- A walk-in
- One on one or in person appointments regardless of the location
- A SOA must be collected for each beneficiary who is being presented MA, MAPD or PDP plans.

Effective September 30, 2023, CMS now requires 48 hours before conducting an appointment with a beneficiary.

Exceptions for the 48-hour rule:

- Four days prior to the end of AEP, IEP, OEP, and SEP
- A beneficiary walk-in without having to schedule a later meeting.
- Walk-ins include a store kiosk, agent's office, a carrier office.
- Any inbound telephone calls which should be recorded.

Effective September 30, 2023, CMS now requires 48 hours before conducting an appointment with a beneficiary.

How long will a SOA stay valid?

- Effective September 30, 2023, a signed SOA is valid for twelve months.

What is a Pre-Enrollment Check List?

Before a beneficiary completes enrollment, it is important they fully understand the plan's benefits and rules. It is important to review specific topics with your clients/prospects prior to enrollment. Reviewing prescription drug costs and health benefits based on the beneficiary's current medication and healthcare needs is essential.

- Pre-Enrollment is required on all forms of enrollment into a Medicare Advantage plan.

Other Important information about Marketing Events

CMS prohibits marketing that advertises benefits not available in their beneficiaries in their service area. CMS prohibits Advertising benefits that are not available to beneficiaries in the service area(s) where the marketing appears, unless the advertisement is in local media that serves the service area(s) where the benefits are available and reaching beneficiaries who reside in other service areas is unavoidable.

Marketing materials must include the marketing name of the carrier being advertised. Marketing any products or plans, benefits, or costs, unless the MA organization or marketing names(s) are listed in HPMS of the entities offering the referenced products or plan benefits or costs are identified in the marketing material.

Materials must not include information about savings to potential beneficiaries. MA organizations may not include information about savings available to potential enrollees that are based on a comparison of typical expenses borne by uninsured individuals, unpaid costs of dually eligible beneficiaries, or other unrealized costs of a Medicare beneficiary.

CMS prohibits the use of the Medicare name, logo, or products in a misleading way. It must be clear that the Carrier being represented in the material is not Medicare or representing Medicare or the Federal Government. Marketing materials must include the marketing name of the carrier being advertised. CMS prohibits the use of the Medicare name, logo, or products in a misleading way. It must be clear that the Carrier being represented in the material is not Medicare or representing Medicare or the Federal Government.

Without supporting data/documentation avoid using terms or statements which cannot be substantiated. Like, "The best," "Highest ranked," "Rated number 1". Do not use absolute superlatives (e.g., "the best," "highest ranked," "rated number 1") and/or qualified superlatives (e.g., "one of the best," "among the highest rank") unless they are substantiated with supporting data provided to CMS as part of the marketing review process or they are used in logos/taglines. The superlatives used and the data provided must be in context and may not mislead consumers.

It is required for carriers and agents to provide opt-out information in writing to all enrollees/clients. It is required for carriers and agents to provide enrollees with written notice that they can opt out of future calls regarding plan business. The notice must be sent at least once annually.

Carriers have oversight of Medicare Certified appointed brokers and CMS is now requiring carriers to perform annual audits to ensure calls are being recorded to their entirety with proper disclaimers and stored within HIPPA guidelines along with making certain SOAs are properly being used according to CMS guidelines.

Moda Health and Summit Health Sales will be reaching out to our General Agents with the member information to obtain the recorded call and/or SOA bi-annually.